

Remarks of  
HENRY A. WAXMAN,  
Chairman,  
Subcommittee on Health and the Environment  
before  
The Council for Responsible Nutrition  
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I'm glad I can meet with you this afternoon. Let me thank J.B. Cordero and Annette Dickinson for arranging for me to be here.

I have been Chairman of the Subcommittee on Health and Environment for five years now. It's a unique position: The Subcommittee has authority over Medicare and Medicaid, over public health grants programs, over biomedical research, and over health regulation. I work with FDA, NIH, and CDC, and half a dozen other abbreviations.

And as I've worked with vaccines and CAT scanners, this position has given me a new perspective on health in America:

A milligram of prevention is worth a ton of cure.

I have worked on high tech planning and regulation, on hospital costs, and on advanced technologies. Clearly this work has to be done. There are millions of elderly people who depend on the adequacy of Medicare when they are sick. And there are millions of poor Americans who can only turn to Medicaid for treatment.

But the health of the nation cannot be improved in a major way by only solving problems of treatments and cures. Hospitals should not be the first time Americans think of health. And we cannot deal with heart disease just by transplants and artificial hearts.

We cannot because such approaches are impractical and available only to a few.

And we cannot because we cannot afford such routes: A heart transplant costs about \$100,000. Barney Clark's nylon heart cost millions of dollars.

We cannot afford to treat diseases we can prevent. It is becoming more and more apparent that good nutrition is one of the most potent preventive tools.

There is much prevention work to be done:

With the best technology available, the U.S. is only the 8th lowest nation in infant mortality. Many of these infant deaths can be traced to undernourished mothers with no prenatal counseling or care.

With the premier biomedical research program in the world, little is being done to study the relationship between diet and cancer, although it is estimated that diet is associated with a third of the cancers in men and twice that many in women.

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With the sophisticated labs of the FDA, the government has failed to disclose even the most basic information about the sodium content of foods to people who are worried about their blood pressure.

The Federal response to these problems has been inadequate. It is as if we were dealing with polio just by looking for a better iron lung. We must do more so that Americans can do more to protect themselves from disease.

The last few years have brought an enormous public interest in personal fitness and diet. This trend will continue: it is not just a fad but a real change in American lifestyle.

But the missing key for public action in using diet to prevent disease is public information--and on that count Americans may be getting further and further behind.

o In many cases, the problem is that we just don't know the answer.

In these areas--such as cancer prevention and trace elements or birth defects and food additives--we need more research. The reauthorization of the National Institutes of Health that was passed by the House last year provides major new direction toward such prevention research. The bill provides for increased prevention efforts, as well as an Assistant Director for Prevention Research at each of the institutes. I hope that that bill will make its way out of the Senate this session.

o In other cases, the problem is a bit simpler: There is consensus on some nutritional advice but there are few professionals adequately trained in the field.

Because of such concerns about education, I introduced a bill a month ago that includes special grants for medical schools to develop their curriculum and train students in nutrition. That bill has been passed by the Subcommittee and the Full Commerce Committee and will be considered by the House soon.

o But there are many other products and foods on which there is some information available. In these areas there is a special responsibility--for government and manufacturers alike--to be certain that information is clear, helpful and freely available.

Clearly consumer information is to everyone's advantage--in terms of health care and of health costs.

o The costs of informing pregnant women about good nutrition are small in comparison to the costs of caring for a retarded child.

o The effort needed to describe the sodium content of foods may prevent the need to deal with hypertension and heart disease in a hospital.

In Federal dollars and in national resources, everyone is served when consumers have the knowledge to choose well.

In classic economic theory, information is the self-correcting feature of the marketplace. Information encourages everyone to use resources efficiently. In theory, it improves all resources for society.

The regulation of the fair use of information--descriptions, claims, warnings or advertising--is routinely accepted as part of the stock markets and bond sales. It is advocated by the most respectable of conservatives. It is the foundation of financial markets.

But preventive health and nutrition are different markets and are even more dependent on information.

Nutrition products are not like other products. If cars or telephones or even bonds don't live up to manufacturers' claims, such failings are easy to discover and act on. If these goods have particular disadvantages, they can be seen or found.

But with foods or drugs, this information market is more difficult. Success is not obvious immediately, nor is failure. And the wrong guess can have severe consequences.

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Consumers cannot separate foods that prevent cancer from foods that do nothing.

And food that does not cause hypertension is hard to distinguish from food that does--until it is too late.

In order to have a food and drug market that is both safe and fair, we must have a marketplace in which information flows freely.

There must be claims that are as reliable as a bond prospectus.

There must be studies that are as public as annual reports.

And there must be consumers who know what it is they want to buy and what a reasonable price is.

Those who would discourage such open information--like those who would use insider information in the stock exchange--do so only out of self-interest.

It is clear to me that the question in nutrition and in preventive health is not whether to inform and regulate, but how it can best be done. In a society that is sometimes overwhelmed by "future shock" information and technology, we must all decide how much government intervention is helpful:

Government can make the entire decision for the public, as all fifty States do when they require that children be immunized against polio.

Government can regulate the public's decision, as it does by making some drugs available only by prescription.

Government can require disclosure of danger, as it does with cigarettes.

Government can require proof of benefits, as it is supposed to under both FDA law for drugs and FTC law for advertising.

Or government can hope that private enterprise will somehow inform the public and that the public will recognize false claims.

I am sure that none of you will be surprised to know that I believe that the Federal government has greater responsibility than merely to hope for the best.

I also recognize, however, that you and the industry you represent have special problems with the results of the Rogers-Proxmire amendments to the Food, Drug and Cosmetic Act. As I'm sure you know, that law defines nutrition supplements as foods as long as no claim of therapeutic value is made. If health claims are made, however, the FDA is supposed to regulate the supplements as drugs, with the higher level of safety required.

Those amendments represented a victory for manufacturers in 1976. As I understand it, they represent a problem now. As research continues and as diet is linked with prevention and with disease, you may understandably wish to promote your health benefits of your products.

Clearly consumers should have such information, as it becomes confirmed. But while a storm of claims and counter-claims goes on, and while values are still in dispute, the Federal government has an obligation to ensure that consumers are not misled. This is especially true if it is likely that anyone might give up or forgo a proven therapy for one still in dispute.

I know that this group is concerned with distinguishing true benefits from good guesses. No one benefits from misinformation.

Those of you who represent the health profession will recognize the health costs.



Those of you who represent employers will recognize the costs in insurance premiums and lost productivity.

Those of you who represent marketing will recognize the pendulum swings of acceptance and sales as disputes over safety go on.

I hope that as you review this conference and arrive at your legislative agenda, you will remember these costs and that you will conclude that the rewards of certain information are tangible. I'm sure that none of you would buy bonds from a brokerage that refused to give a prospectus. The Nation's health is at least as important.